

**4th Annual Summer String Academy
Registration
June 7 through June 9, 2011
Jere Whitson Elementary 8:00-12:00**

Student
Name _____ **Birthdate** _____ **Grade** 2010/11 _____

Male _____ **Female** _____ **School** _____

Music Teacher _____

Parent/guardian name _____

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Cell Phone 2 _____ **Email** _____

Place of Employment (Father) _____ (Mother) _____

Emergency Contact Name _____ **Phone #** _____ **Cell** _____

Relationship _____ **Name of physician** _____

Phone Number _____ **Address** _____

Medical conditions and/or food allergies _____

Names of people with permission to pick up your child:

_____ **Phone** _____ **Relationship** _____

_____ **Phone** _____ **Relationship** _____

Please check the statement of your choice below:

_____ I give my consent for my child to be photographed and/or videotaped for publicity purposes for the String Program.

_____ I do **NOT** wish my child to be photographed and/or videotaped for publicity purposes for the String Program.

Parent/Guardian Application Signature _____